

NOV 16 1937

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

37455

92

1. PLACE OF DEATH

County Clay
Township Liberty
City Liberty (No. 201)

Registration District No. 201
Primary Registration District No. 52801

File No. 37455
Registered No. 92
St. Liberty Ward 1

2. FULL NAME

(a) Residence, No. Liberty Ward 1
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Walter M. Hair

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 8-10-1870

7. AGE YEARS 67 MONTHS 2 DAYS 17 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mexico Mo.

13. NAME Rott, P. Sims

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.

15. MAIDEN NAME Matilda German

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.

17. INFORMANT Walter M. Hair (ADDRESS) Liberty Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Liberty Mo. DATE 10-29-1937

19. UNDERTAKER Wesley - Barber (ADDRESS) Liberty Mo.

20. FILED 10-30 1937 E T Brand Registrar

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10-27 1937

22. I HEREBY CERTIFY, That I attended deceased from June 1st 1937 to Oct 27 1937
last saw him alive on Oct 26 1937 Death is said to have occurred on the date stated above, at 12 m.

The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage Date of onset

Other contributory causes of importance:

Name of operation 820 Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) H. Matthews, M. D.

(Address) Liberty Mo.

